

Applicant: Roger Dahl  
Serial No. 10/082,967  
Page 6

### REMARKS

Claims 1, 3-12 and 14-20 were rejected under 35 USC § 102(b) as being anticipated by Min et al., (U.S. Patent No. 5,690,686). Claims 1, 3-4, 7-8, 11, 14 and 17-18 were rejected under 35 USC § 102(e) as being anticipated by Kroll, (U.S. Patent No. 6,456,876). Claims 5-6, 9-10, 15-16 and 19-20 stands rejected under 35 USC § 103(a) as being unpatentable over Kroll, (U.S. Patent No. 6,456,876) in view of Min et al., (U.S. Patent No. 5,690,686). Applicant respectfully traverses these rejections.

The Examiner states that the claims have been interpreted such that "electrical contact" does not require the disposition of the lead in the anatomical locations previously argued by Applicant as one distinguishing feature. As such, the term "electrical" has been removed, as essentially suggested by the Examiner. Thus, various electrodes are placed into contact with various anatomical structures as claimed.

Though this is an amendment after final, Applicant respectfully asserts entry is proper as the amendments made "should reasonably have been expected" by the Examiner. MPEP 706.07(a). The claims are in condition for allowance.

Applicant's previous remarks are presented again:

The claims as amended more clearly indicate that a defibrillation shock is directed across the atrium from a high atrial position, such as proximate the superior vena cava (SVC) to the oblique vein. This particular pathway provides for an effective defibrillation of the atria.

None of the references teach or suggest placing a defibrillation lead in the oblique vein. The Examiner appears to generalize the coronary sinus with the oblique vein. These are not synonymous anatomical structures. The oblique vein, along with the other cardiac veins drain into the coronary sinus. There is a rudimentary valve at the bifurcation of the oblique vein and the coronary sinus making access and navigation particularly difficult. The references of record

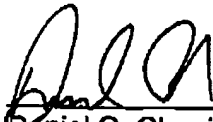
Applicant: Roger Dahl  
Serial No. 10/082,967  
Page 7

introduce a lead through the coronary sinus and into the great vein or great cardiac vein; not the oblique vein.

As stated, this location is extremely difficult to access, requires navigable leads consistent with the present teachings, and provides for a unique and beneficial atrial defibrillation therapy. As such, the references of record fail to neither anticipate the pending claims nor render them obvious in combination. Applicant respectfully asserts that the claims are in condition for allowance and requests notice of the same. Should any issues remain outstanding, the Examiner is requested to telephone the undersigned attorney to attend to these matters.

Respectfully submitted,

Date: 4/5/05

  
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